VISMED®

VISMED® GEL

PURE HYDRATION INSTANT COMFORT

TRB

HYALURONIC ACID: A FIRST-LINE TREATMENT FOR DRY EYES

Hyaluronic acid (HA) is a natural biopolymer found in the eyes[1] with a number of properties that make it a well-established option for dry eye disease (DED):

VISCOELASTICITY
The viscoelasticity of HA allows it to form a protective coat on the ocular surface, stabilising the tear film and prolonging the residence time on the surface.[2]

WATER RETENTION
HA slows water evaporation by forming hydrogen bonds with water molecules and retaining them in a polymeric network.[3]

MUCOADHESIVITY
HA adheres to the mucin layer of the precorneal film, prolonging its beneficial effects.[4,5]

A SOLUTION FOR OCULAR COMFORT

Consisting of sodium hyaluronate (SH), the VISMED® range can be used for relieving both pathological and non-pathological conditions:

Symptoms of dry eye or ocular surface damage due to diseases such as:

- Superficial keratitis
- Sjögren's syndrome
- Primary dry eye syndrome

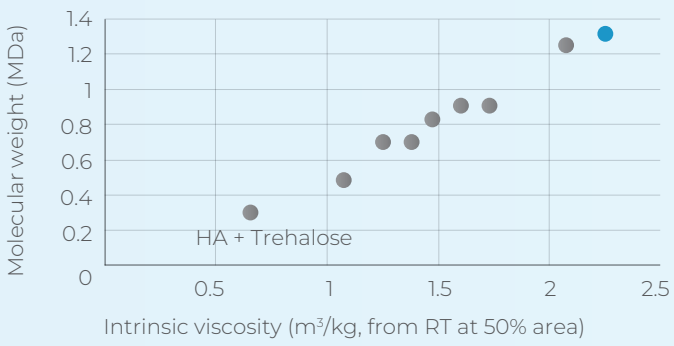
Dryness, burning or ocular fatigue and other discomfort induced by:

- Dust and smoke
- Dry heat, wind, or cold weather
- Air conditioning
- Computer screen use
- Contact lens wear

The **hypoosmolar solution** counteracts the hyperosmolarity caused by evaporative water loss to break the vicious cycle of DED.[6,7]

The properties of VISMED® include:

- **Preservative-free options:** Improved tolerability.
- **Animal protein-free:** Sodium hyaluronate obtained by biofermentation.
- **Essential electrolytes:** Calcium, magnesium, and potassium ions that are found naturally in the tear film.[7,9]
- **High molecular weight:** Pronounced shear-thinning behaviour, lubricating the eye in the most efficient manner.[8]



High molecular weight HA has increased retention time on the ocular surface. VISMED® was found to have the highest molecular weight when compared with competitors.[8,11]

VISMED®

VISMED® VISMED® GEL

EFFECTIVE RELIEF FOR YOUR PATIENTS' DED SYMPTOMS <SHORT OR LONG-TERM>

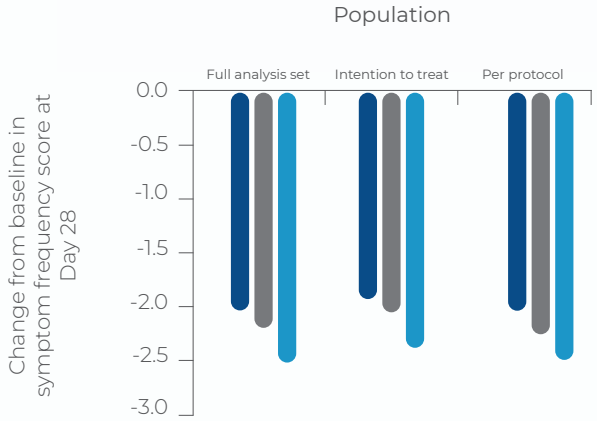
VISMED RANGE CLINICAL INFO:

I: VISMED® can be used with all types of contact lenses.[10]

II: VISMED® products increase tear-film break up time, and improve corneal and conjunctival epithelia integrity, Schirmer test score and ocular staining in patients with dry eye.[2,18–20] They also reduce corneal staining scores in patients with keratitis[13] and Ocular Surface Disease Index scores in patients with glaucoma.[21]

III: VISMED® products also have an excellent safety profile.[2,13–15,17,18,21] The most common side effects are local reactions and include irritation, erythema, foreign body sensation, burning sensation and hypersensitivity.[23]

IV: Clinical studies have demonstrated that VISMED® products provide comfort for up to four hours following administration[12, 15, 16] and reduce symptom frequency, including dryness, itchiness and burning.[2,13,17]

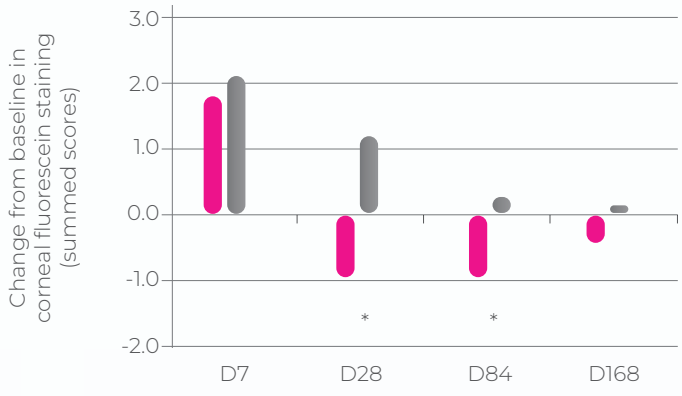


At Day 28, VISMED® significantly reduced the frequency of soreness, dryness, scratchiness, itchiness, and burning compared with saline ($p < 0.05$ in all study datasets).[2] VISMED® was non-inferior to 0.3% carbomer and superior to saline in reducing symptom frequency at Days 28 and 56.[2]

↓ Soreness & Dryness

Saline Carbomer VISMED®

V: VISMED® Gel and VISMED® Gel Multi shorten recovery time following cataract surgery[22] and improve healing following photorefractive keratectomy.[14]



VISMED® Gel reduced corneal fluorescein staining scores compared with Hydroxypropyl methylcellulose (HPMC)/Dextran. At D28 and D84, this decrease was statistically significant ($p < 0.05$).[14]

0.3% VISMED® Gel

HPMC/Dextran

THE VISMED RANGE

VISMED® GEL MULTI

Multidose dispenser of 10 ml

0.3% HA

Sterile up to **6 months** after first use

VISMED® GEL

Single-dose containers of 0.45 ml

0.3% HA

To be used within **12 hours** after opening

PRESERVATIVE-FREE

VISMED® MULTI

Multidose dispenser of 10 ml

0.18% HA

Sterile up to **6 months** after first use

VISMED®

Single-dose containers of 0.30 ml

0.18% HA

To be used within **12 hours** after opening

1. *Frescura M et al. Biochemical Society Transactions. 1994;22(2):228S-228S.* **2.** *Baeyens V et al. J Fr Ophtalmol. 2012;35(6):412-419.* **3.** *Nakamura M et al. Cornea. 1993;12(5):433-436.* **4.** *Saettone MF et al. International Journal of Pharmaceutics. 1989;51(3):203-212.* **5.** *Mochizuki H et al. Br J Ophthalmol. 2008;92(1):108-111.* **6.** *Bron AJ et al. The Ocular Surface. 2017;15(3):438-510.* **7.** *Jones L et al. The Ocular Surface. 2017;15(3):575-628.* **8.** *Paschier A et al. Ophthalmology and Therapy. 2024;13(10):2799-2812.* **9.** *Willcox MDP et al. Ocul Surf. 2017;15(3):366-403.* **10.** *Rimmer S. Cardiff University; 2000. Report No: SVS20-98-02.* **11.** *Guarise C et al. Journal of the Mechanical Behavior of Biomedical Materials. 2023;143:105908.* **12.** *Karaca EE et al. Cont Lens Anterior Eye. 2020;43(4):373-377.* **13.** *Brignole F et al. Graefes Arch Clin Exp Ophthalmol. 2005;243(6):531- 538.* **14.** *Kasetsuwan N et al. Asian Journal of Pharmaceutical and Clinical Research. 2015;8:226-231.* **15.** *Baeyens V et al. Investigative Ophthalmology & Visual Science. 2004;45(13):3906-3906.* **16.** *Szegedi S et al. J Ocul Pharmacol Ther. 2018;34(9):605-611.* **17.** *Vogel R et al. Am J Ophthalmol. 2010;149(4):594-601.* **18.** *Baudouin C et al. Eur J Ophthalmol. 2012;22(5):751-761.* **19.** *Johnson ME et al. Optom Vis Sci. 2008;85(8):750-757.* **20.** *Johnson ME et al. Graefe's Archive for Clinical and Experimental Ophthalmology. 2006;244(1):109-112.* **21.** *Prabhasawat P et al. J Ocul Pharmacol Ther. 2015;31(6):323-329.* **22.** *Trubilin VN et al. Ophthalmology in Russia. 2013;10(1):56-62.* **23.** *VISMED® - Instructions for Use (IFU). 2024/2025.*

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A Swiss company with 25 years of experience in ophthalmology.

For more information **read the Instructions For Use**

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For Healthcare Professionals Only.